

THE RHODE ISLAND MEDICAL JOURNAL

Volume XXV

MARCH, 1942

Number 3

PROVIDENCE MEDICAL ASSOCIATION

Address of the President

MURRAY S. DANFORTH, M.D.

First I wish to express my gratification and appreciation for the honor that was given me when I was elected President of this Association. I feel it was undeserved but it has been a pleasure to serve with such a group and with the members of the Executive Committee. I am especially thankful for the enthusiastic help and stimulus given by our Executive Secretary, Mr. John E. Farrell. His unflinching desire to be of service is an inspiration to all of us who have worked with him.

Some fifty years ago it was voted that the President should make an address with special reference to the work and needs of the Association, and it is my duty to give some idea of how we are fulfilling the role of promoting health in our community.

To understand the aim of our work, it is desirable to survey and evaluate our motives. We are not a closed corporation and only to a slight extent a self-perpetuating body. To become a member of our organization, it is only necessary to prove we have fulfilled certain requirements of education and training. This is to exclude the incompetent. No one who can prove his training and ethics can be excluded from practice and in this instance I mean ethics in the broad sense of the word and not what is so frequently criticized and derided as medical ethics. This leads me to define what true medical ethics mean. It is only a version of the Golden Rule — "Do unto others as you would that others do unto you." The layman criticizes because a doctor called in consultation may not take over as his own the patient he has been called to see as a consultant. The layman believes that this rule is to protect the doctor in charge, but it is actually to protect all patients, for if the consultant takes the

case, even if he is more skilled, it would mean that the doctor in charge would not call him again and so the patients would not have the advantage of having even a very skilled consultant called and the whole body of patients would suffer. It is not a rule of selfishness but of true altruism.

Just now medical ethics need especially to be upheld for our altruism is being challenged. No continuing progress can come in medicine except by the most unselfish work on the part of us all. Great tact and the desire to help are the factors that will keep us on the straight path. The brightest stars in medicine are and have been the most unselfish and the most generous in their help to others. Remember that it is more blessed to give than to receive.

Years ago my mother gave me a motto, the author of which I do not know, but it said, "Give to the world the best you have and the best will come to you."

The present world chaos is due to the desire to get in any way possible rather than to give in every way possible. Medicine from the beginning has been a guild of givers and only in isolated instances are there groups whose aim is to take rather than give; and that brings me to relate what our Association has been trying to do for 93 years.

The aim was to stimulate learning, not for the ultimate good of its members, but to be able to give more to humanity.

This year in choosing speakers, I have tried to have the scientific part of our meetings given in part by guests who, for the most part, are teachers in the foremost medical schools of this part of the country, and they have come to give and have given. Parts of our programs have been by our members and it was with the desire to give that they have studied hard and criticized their own work, and I am gratified that their standards of achievement are

Delivered at the Annual Meeting of the Providence Medical Association, Jan. 5, 1942.

high. We have much done by our members of which we have reason to be proud. No one of our members who has spoken can be anything but pleased with its value and the appreciation with which it has been received. They are to be congratulated.

Not all the work of our Association has been directly scientific. We have been giving in other ways, both time and money. Your former President, Dr. Walsh, and his committee gave freely and willingly the time needed for the Community Fund Drive, and now he and his committee are working on the Red Cross Drive.

Just now always uppermost in our minds is medical preparedness for any emergency that may arise and the need for strong individual effort has never been more apparent. It is said a chain is as strong as its weakest link and we need and are producing leaders as well as privates. Gradually, perhaps too gradually, groups are being formed and trained. I hope and believe we shall be in time, but we cannot relax or we shall not be in readiness if and when the need arises.

The crisis now on us in civilian preparedness is creating more call for our work as groups and individuals. As I noted in an article on tuberculosis in the "Medical News," the deaths from tuberculosis have risen. This is probably due to fatigue, not necessarily from work, but using easily earned money to play more and so curtailing sleep and eating irregularly. This may be more apparent than real, but it does mean we must be increasingly diligent so that early cases may be detected and more time must be given to educating the public.

Recently more cases of diphtheria have occurred. That is because the public, as time goes on, has ceased to realize the importance of immunization of children. The public, or some of it, believes that the doctor is seeking to gain patients by emphasizing the need of this procedure, but the public should remember that the work and preaching of the doctors have almost stamped out diphtheria so that this criticism is most unjust.

Medical men too have helped reduce bone and joint tuberculosis to a minimum through helping show the need of pure milk, and further, the medical profession helped pass the law making it obligatory to report all malignant tumors so that scientific investigation could be further.

In this brief resumé I have attempted to mention some of the activities of the Association. For the future we must give more time, more thought and more work, and we must be, so far as possible, in advance of public demands and meet and be prepared to put into action the methods and means to fulfill the legitimate demands and needs.

I wish all members would heed the old adage that he who pays the fiddler may call the tunes. In other words, remember that he who pays may and does give the orders. Let us show, so far as possible, that local affairs can best be administered by unselfish local leaders, and medical men should be the leaders. Do not take grants but let voluntary unhampered local organizations do the work rather than have it done under orders of some central far away bureau.

124 Waterman St.

LEPROSY

Report of a Case and a Brief Summary of Certain Interesting Features of the Disease

BY HAROLD S. BARRETT, M.D.*

Leprosy in this state, as in this country, is a rare condition. The records of the Charles V. Chapin Hospital from 1910 to 1941 reveal only two cases, the one to be reported here, and one former case. There have been 47,940 admissions to the hospital during its existence, exclusive of mental patients, giving an incidence of 1:24,000 approximately. In the United States it has been estimated by Collier¹ that there are about 1,200 lepers, with less than one-third of the cases being treated at the National Leprosarium. Data from the latter institution as compiled and analyzed by Aycock^{2,3} show that there have been 927 admissions during the eighteen year period from February, 1921, when the Louisiana Leper Home was acquired by the Federal Government, to December, 1939, 497 cases being in American-born persons. Analysis of this limited group by state of birth and state from which admitted further reveals the major foci of disease to be in California, Texas, Louisiana, and Florida, with colonies also known in Minnesota. The foreign-born cases are admitted from states where

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there are major seaports. Although leprosy from these figures is definitely not a major problem on this continent, the number of cases in the world is large. In 1925 Rogers stated that there were 1,370,277 known lepers in the world. Muir in 1937 placed the figure at from five to six million, the main foci being in China, India, and Africa^{4,5}. Repeated intensive surveys have always shown that the number of reported cases in an area represents one-third to one-tenth of the actual cases.

Case Report — No. 54393

History: This twenty-one year old, married, Chinese restaurant employee entered the Charles V. Chapin Hospital August 15, 1941, because of a skin eruption on his right thigh of more than two years' duration. The trouble started insidiously as a tingling and itching sensation of the affected area, which gradually lost its sensation. About three months later, or just over two years before admission, small red macules began to appear. These were slightly itchy at the periphery, never regressed, but gradually began to coalesce, without evidence of scarring. They became so extensive that the patient became worried and consulted a physician. An exact diagnosis was not given the patient, but he was advised to continue under medical care until a decision was reached, and ultraviolet therapy was begun. The patient received about five or six treatments at intervals of one to two weeks, as he was not entirely faithful. Under treatment the central portion of the affected skin became raised and deep brown in color, with a slight tendency to scale. The case was seen in consultation because of failure of the skin lesions to clear, and a small biopsy was taken, which was sent to the state laboratory, where a presumptive diagnosis was made and the case referred to the hospital. In the three weeks prior to admission, multiple dime-sized pink macules appeared on the ankles, knees, and wrists. On going into the background of the patient, it was found that he knew of no case of leprosy in his family or friends. He was born in Kwangtung Province, China, where leprosy is endemic, in 1920, and lived there until 1931. He then came to this country and resided in Seattle, Washington, where he obtained his education, until 1937. He then returned to his native area in China from July, 1937, until September, 1938, when he again

returned to this country, and came east to reside in Providence, Rhode Island, where he was living when the first symptoms began. The patient recalled no skin eruptions prior to those already described. He had never been seriously ill. In 1937, just before his return to China, he was ill for about two weeks with mumps. Shortly after his return to China in 1937 he again was ill for a short time with fever, joint pains, and diarrhoea, diagnosed as "ague," which was then epidemic, and from the clinical description probably dysentery. In 1939 the patient recalled being troubled with pain in both knees for a short period of time. These episodes represented the only febrile illnesses or joint difficulties ever experienced by the patient, and were not characteristic of the febrile periods in leprosy. The patient had only two colds a year, and had never been troubled with continued colds or nasal discharge in his life. Other data from the history were not contributory to the present illness.

Physical Examination: This revealed on admission, a young well developed and nourished Chinese male in no apparent distress, whose only positive findings were limited to his skin. The mucous membranes of the nose and throat were normal. There were no palpable thickenings along any of the main nerve trunks. About the wrists, backs of the hands, on the forearms towards the elbow, just below the knee joints, and about the shins and ankles there were multiple one to two centimeter red raised macules which showed no tendency to favor either extensor or flexor surfaces and did not blanch on pressure. These lesions showed no disturbances of sensation, nor was there any noted in the normal appearing skin, as tested for light touch, pain, pressure, heat, and cold. On the antero-lateral surface of the right thigh there was an irregular salmon pink area about four by ten inches in greatest dimensions, the central portion of which was red brown, raised, and roughened, with some slight tendency to scale. The whole lesion was continuous, showed no open ulceration or evidence of scarring, and was completely anesthetic.

Laboratory Study: Routine urine examination, nose and throat cultures, blood sugar and non-protein nitrogen determinations, were within normal limits on admission. Three days after admission a more extensive biopsy through the skin and sub-

cutaneous tissue of the two types of skin lesion and a small portion of normal skin was removed, anesthesia being required only in the area of normal skin. The pathological picture was reported characteristic of leprosy by Dr. James Fallon, pathologist for the Charles V. Chapin Hospital and the state of Rhode Island. Sections of tissue were sent to R. D. Little, Senior Surgeon and Chief of the Division of Pathology of the United States Public Health Service and the diagnosis was confirmed. A special agglutination test with formolized sheep cells as described by Rubino⁶ was negative ten days after admission. Sedimentation rates three times were within normal limits. The patient had no nasal ulcer, hyperemia, or discharge from which to make a nasal scraping smear. The production of coryza with overdoses of potassium iodide as a provocative test was considered, but not attempted because of the lepra reactions which may follow this test in unskilled hands.

On September 11, 1941, with the consent of the patient, another biopsy was taken, this time requiring no anesthesia. With the aid of Dr. H. S. Fuller of the Department of Tropical Medicine of Harvard Medical School, a saline suspension of the biopsy material ground up by means of sterile sand was injected into four laboratory animals in an effort to transmit the disease by the method of Dubois and Gavrilof⁷, and Burnet⁸, who reported that hamsters were susceptible to leprosy and would die after developing typical nodules. A guinea pig was used to rule out all possibility of the lesion being tuberculous. Three hamsters were inoculated, one intraperitoneally, one intranasally and subcutaneously at the base of the tail, and the third along the path of the sciatic nerve and in one foot pad. After three months of observation none of these animals had developed any type of lesion.

Course and Treatment: On the ward the patient had an afebrile and completely uneventful course. Shortly after admission he developed a few new macules on his neck. He received one course of Winthrop's "Chaulmestrol," a thin light clear oily fluid consisting of a mixture of the ethyl esters of various unsaturated acids of chaulmoogra oil, neutral in reaction, with a faint odor and not unpleasant taste. This medication was administered by intramuscular injection once a week beginning with a dose of one cubic centimeter, and increased by one

cubic centimeter each dose until a maximum of six cubic centimeters was reached. Under this treatment the lesion seemed to lose some of its coloration and there was some slight return of sensation. The patient then started on a course of diphtheria toxoid as described by Collier⁹. On October 22, 1941, the patient was discharged to the National Leprosarium at Carville, Louisiana.

Leprosy in General

Leprosy, derived from the Greek word "lepros," meaning scaly, was known in antiquity, and is traced by Garrison¹⁰ as far back as the Assyrians and Babylonians in 2250 B. C., when transmission of the disease was noted and the policy of segregation adopted. The Bible contains one hundred and seventy-three verses having reference to leprosy, which was therein confused with psoriasis and scabies. The disease was epidemic in Europe during the Middle Ages, when much of the modern lay view of leprosy arose. Mercier¹¹ describes some of the facts when he says:

"When the diagnosis of leprosy was made, the leper was subjected to a gruesome ceremony adopted from that of taking the veil. Wrapped in a shroud, and placed on a bier, he was carried into the church, his family and friends following in funeral procession. In the church, which was hung in black as for a funeral, the leper was laid on the ground, covered with a pall, and a requiem mass was said. He was then carried to the churchyard and laid beside an open grave, where the priest three times scattered dust on his head, saying, 'Die to the world, be born again to God.' Then, while the Libera Me, the psalm for the dead, was chanted, the leper was conducted to his cabin, at the door of which the priest gave him his scrip for alms, his stoup for water, his wallet for scraps of food, his gloves, his cloak, his clapper, and addressed him:—"

The address mentioned consisted of the ritual of Paris, which has been summarized and analyzed from the point of view of a sanitarian and epidemiologist by Heiser¹² as follows:

"They were forbidden to enter the church, or the market place, or the mill, or the public fair, or in any company or assembly of people whatsoever (person-to-person contact).

"They were forbidden to wash their hands and all necessary things in fountain or in brook or in any water whatsoever, and if they wished to drink were ordered to take water in their own jug or some other vessel (water-borne infection and the drinking cup).

"They were not allowed to touch anything that they wished to buy in any place whatsoever, but had to point to it with rod or staff.

"While going through the fields, they were not allowed to reply to anyone who might question them except first, for fear they might infect someone, they step off the road to the leeward, and also they were not allowed to travel by highway at all for fear of meeting someone (air-borne infection).

"If necessity required that they take a path through the field, they were forbidden to touch the hedges, or brush, on either side except before they put on their gloves (contamination of objects).

"They were forbidden to touch little children or any young people whatsoever and to eat and drink with companions save they were lepers (isolation)."

Such ceremonies have come down from the past reflected in our treatment of lepers at present. They also find artistic expression in such diversified fields as poetry (Tennyson's "The Leper's Bride"), ceramics, and painting (Hans Holbein's portrait of St. Elizabeth giving bread and wine to prostrate lepers).

Leprosy is usually defined as one of the chronic infectious granulomata, being grouped with tuberculosis and syphilis, a generalized systemic infection caused by *Mycobacterium leprae* and manifested by reaction of the body tissues to its presence. The association of a bacterium with the lesions of leprosy was first made by Armauer Hansen in 1874, before the use of differential staining for microscopic sections, by examination of material from a leproma, and was confirmed in 1879 by Neisser, although they were not able to cultivate the bacillus. The organism as it occurs in the lesions is described by Zinsser and Bayne-Jones¹³ as a small rod, straight or slightly curved, with blunt ends, often lying side by side in clumps or packets intra- and extracellularly in tissues. It is acid fast, gram positive, non-motile, with a beaded granular appearance, and does not form endospores. This organism has not yet definitely been cultured, and even animal transmission of the disease is debatable.

Certain epidemiologic features have been established. The disease is more common in males than in females (2:1), and females as a rule have a milder form of the disease. The ages most frequently attacked are those from youth to the prime of life, or ten to forty years. Doull¹⁴ found that

there was no sex difference in children, and that children seemed to do very poorly with the disease. There is no evidence that the disease itself is hereditary, but the susceptibility may be passed on in families. Aycok^{2,3} has studied the racial stocks involved in this part of the world and believes the disease tends to stay in the Scandinavian peoples in the midwest, and the French in the south, the very people whose ancestors brought it to this country. The distribution of leprosy in the world forces the conclusion there must be some relation to climate, as the disease is found in moist hot humid climates, which may influence either the transmission or the development of the disease. Social hygiene levels are also low in these areas, and have been thought to have some significance, but all of these factors are interwoven in a web which is not yet well enough explored to determine what part each plays in its design. Even the exact manner of transmission of leprosy is unknown, although the theory of contact infection is most widely accepted. The exact portal of entry is uncertain, may be the upper respiratory tract, due to the occurrence of nasal ulcers and positive bacteriologic smears with great frequency. It has also been postulated that during the febrile periods of the disease when new skin lesions are appearing there is blood stream infection, the lesions being evidence of embolic phenomena.

Leprosy, while an infectious disease, is not acutely contagious. The communicability of the disease is low, it being generally conceded that prolonged and intimate contact is necessary, probably a year. The incubation period is also very vague, being placed at from two to thirty years.

Clinically the disease is a slow chronic general infection. A very graphic description has been given in which the disease is likened to a forest fire, which starts slowly, increases to a raging inferno, and finally burns itself out, leaving behind the charred human with his burned stumps of mutilated fingers and toes, shrunken face, and deformed features. The prodromal symptoms are quite vague, consisting of backache, muscular pain, joint pain, digestive disturbances, neuralgias, headache, fever, or other manifestations of malaise. More common and specific are either the development of an obstinate rhinitis, with dryness and crusting, or pruritus, associated with hyperesthesia or paresthesia, and

gradually developing into anesthesia. The onset of definite symptoms usually places the disease into one of two main clinical types, either neural or tubercular. Neural leprosy, *lepra nervorum*, anesthetic leprosy, smooth leprosy, or maculo-anesthetic leprosy begins as numbness increasing to anesthesia in the area of distribution of the affected nerves, development of macules of depigmentation, thickening of the cutaneous nerve that supplies the area, and thickening and erythema particularly at the margin of the lesion, which is dry due to paralysis of the sweat glands. If the nerve is severely involved, there may be contractures, atrophy, and the development of trophic ulcers. Neural leprosy is thought to indicate a state of relative immunity, is often associated with negative biopsies bacteriologically, and usually gives a positive skin test to leprolin, which is a suspension of ground-up leprosy nodules highly positive bacteriologically.

Nodular leprosy, rough leprosy, *lepra tuberosa*, tuberculoid leprosy, or cutaneous leprosy begins as a slight ill-defined, soft, shiny thickening, which may or may not be associated with erythema. These areas later form red and brown-red flat to slightly elevated smooth velvety spots which often appear in crops. The subcutaneous nodule is the third form of cutaneous leprosy. It may develop independently, or may come in an area where there has previously been a macular lesion, or may also ulcerate, giving a sensitive ulcer in contrast to the trophic variety of maculo-anesthetic leprosy. It is these nodules, yellowish, reddish-brown, or bronzed in color, often shining as if varnished or oiled, covered with a soft natural or slightly desquamating epidermis, roundish or irregular in contour, either isolated or in groups, which show a predilection for the face, massing in great numbers upon this region to produce the characteristic leonine face. The hair-follicles are gaping and the nails malformed. Often in a local area there will be adenitis. Involvement of the eyes and nasal septum in the process is common; occasionally the liver, spleen, testes or ovaries are involved, and quite rarely the lungs. This type of leprosy usually reacts negatively to the leprolin test, is associated with bacteriologically positive biopsies, nasal scrapings, sputa, urines, or blood smears, and indicates a relative susceptibility to the disease. There are certain cases which clinically present findings of both types mentioned, and must be placed in a third grouping, the mixed cases.

A final manifestation of the disease is the lepra fever, lepra reaction, or leprosy reaction, where there is sudden fever, which may be accompanied by extension of the already present lesions or appearance of crops of new lesions, associated sometimes with malaise, headache, and joint pains. This fever lasts for a variable period of time. The sedimentation rate suddenly rises before a reaction, and during the reaction lepra bacilli are found increased in number and distribution in the lesions. This reaction may occur when the case is under therapy.

The diagnosis of leprosy is generally conceded to be fairly easy, especially in the well marked case, although in this area such a diagnosis might not be thought of in the early case. The two important signs are impairment of sensation and positive bacteriologic findings; without one or both of these the diagnosis is on unsafe ground. In the early case the laboratory is of little aid, the sedimentation rate being elevated only. Leprolin tests are positive only after suspicion of the diagnosis has been aroused clinically, and Rubino's agglutination is specific only in advanced cases. The tuberculin test is usually positive, and the Wassermann reaction is positive in about sixty percent of the lepromatous cases, but the Kahn, Kline, Kolmer, or Hinton is negative, and the spinal fluid Wassermann is always negative in leprosy.

The differential diagnosis in lepromatous leprosy includes tuberculosis and syphilis, whose laboratory findings have just been noted. Leprosy usually shows greater chronicity than syphilis, and the apple-jelly nodules of lupus are firmer than lepromata, more symmetrical, and less often grouped. Darkfields from ulcers may demonstrate spirochetes. Mycosis fungoides, Kaposi's sarcoma, and pityriasis rubra can be distinguished by their course and especially by biopsy. Erythema multiforme is associated with burning and smarting, but no anesthesia. Neural leprosy may be confused with syringomyelia in some cases, but dissociation of anesthesia can usually be demonstrated in the latter disease. The superficial appearance of Raynaud's disease or scleroderma may cause momentary confusion. Neuritis from any of its various causes may give a few of the polyneuritic disturbances of leprosy and must be ruled out. Morphea and vitiligo may cause similar skin lesions, but are unassociated with symptoms of general infection or with local anesthesia.

The general prognosis of leprosy is gradually undergoing a revision. It is conceded the neural form bears a better prognosis than the lepromatous, an average duration of twenty years being given in the former in contrast to ten years for the latter. The leprolin test is considered to be of considerable prognostic significance, as those patients reacting positively are usually in the neural class, while the negative reactors are in the lepromatous group. Leprosy fever is always an unfavorable sign. The stage of the disease at the time of diagnosis, the unfavorable childhood ages, and the greater number of more serious male cases also must be taken into consideration. However Lowe¹⁵ in 1939 felt justified in writing:

"It is true that standard textbooks of medicine contain a brief chapter of leprosy. These chapters often describe the disease as highly infectious, always progressive, and invariably fatal. Many of these descriptions, while they may be true of leprosy in some other countries, are absolutely irreconcilable with the clinical picture of leprosy as we see it in India, where we find that the disease is not highly infectious, that the infection is often abortive, spontaneous arrest often taking place early in the disease, that the disease is progressive only in a minority of cases, and that leprosy itself rarely causes death."

Finally, segregation must be considered. Confinement at home has been discarded in the United States in favor of institutional segregation. Dr. McCoy of the United States Public Health Service has not found that this method has proved successful¹⁶. He mentions as responsible for this failure the long incubation period, the difficulty of early diagnosis, and the prohibitive expense. Therefore he favors considering each case individually where experience has shown the disease is sporadic and does not tend to spread.

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CANCER OF THE SKIN

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While cancer of the stomach, of the rectum, of the uterus, of the breast means a serious threat to life, the same cancer made of the same abnormally growing cells, but developing on the cutaneous surface of the body, has not the same dreadful significance. This is not because cancer of the skin is less dangerous, but because it can be recognized at an early stage, even at a precancerous stage, at a time when an easy, complete total destruction results in a complete, permanent removal of these cells from the body, before any contact is made between them and the regional lymph nodes and the internal organs.

Cancer of the skin may develop even in the very young but the common age in which it occurs is the middle and the advanced one. There are racial differences in the incidence of cancer of the skin. For instance, cancer of the skin, like psoriasis, is rare in the colored.

Skin conditions which may be followed by development of cancer are, in order of frequency, the senile, and seborrheic keratoses, the cutaneous horns, leukoplakia, kraurosis vulvae, tertiary syphilitic lesions, dermatitis from x-rays or radium, arsenical keratoses, scars from burns or from tuberculosis of the skin, chronic ulcers and fistulous sinuses, ordinary moles.

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Seborrheic and senile keratoses sometimes are so numerous as to be spread over the entire body of middle aged or elderly persons, in both sexes. They do not require deep destruction nor heavy radiation, but they should be thoroughly removed. Being essentially superficial, they can be removed completely, with very little discomfort, and hardly any scarring, for instance, by dessication (high frequency current).

Of course, if there is any doubt that scratching, friction, shaving, has irritated the lesion, if there is any appearance of bleeding, crusting or any nodular appearance, before they are destroyed, a small part is removed with an appropriate instrument, called a biopsy punch, and the part removed is examined by a competent pathologist. If an epithelioma has developed, dessication is followed by an adequate dose of x-rays or radium to insure the total destruction and to prevent a recurrence.

Many kinds of malignant neoplasm, more or less rare, may be found on the skin. The two most common and frequently seen are the so-called basal cell or non keratinizing epitheliomata and the squamous cell or keratinizing epitheliomata. The first originate from the basal layer of the epidermis, or the stratum germinativum, the second from the layer immediately above, the prickle cell layer or stratum mucosum or rete malpighii. Cancers containing cells from the two layers are also often encountered.

The basal cell epithelioma is relatively benign, or has a so-called low grade of malignancy because, as a rule, it remains local, does not affect the general health, does not disseminate itself to internal organs, does not cause death. A very few cases have been reported of metastasis from a basal cell epithelioma. It grows very slowly, it may remain very small and have the appearance to untrained observers, of an innocent sort of a pimple or a wart. When properly removed, by radiation or surgery, or the combination of these methods, according to size and location, usually, the danger of recurrence is removed.

The squamous cell epithelioma is a much more serious problem. It grows much more rapidly and its cancer cells travel rapidly from the skin to the regional lymph nodes and to the inside organs. If the lymph nodes are removed quickly after invasion, the life of the patient may be saved. If these barriers are trespassed the fight for life may be considered lost.

The following illustrations are of some the most common cases met in private and hospital practice.

FIG. 1 shows an ugly looking pedunculated growth, which may be easily clinically recognized as a perfectly benign raspberry mole, which is easily and permanently removed by dessication.

FIG. 2 is an example of a senile keratose unusually large. A flat, non nodular, brown-yellowish patch, with features of an accumulation of dirt. It took years to grow to such a size. It grew because its owner was not concerned about it, and at the same time she was lucky she didn't have occasion to irritate it, to scratch it and it remained benign, even if grown unusually large. Had this keratose been in a man's face, instead of a woman, in a shaving area, it would certainly have turned into a cancer of the skin. It is a pre-cancerous lesion which is better removed, but does not require, as a rule, radiation therapy. Electro-dessication is, usually sufficient.

FIG. 3 shows an innocent looking eroded area on the nose of a middle aged woman. There is no pain, no itching, no bleeding, no swelling. The only so-called "puzzling" feature, is that it does not heal. It crusts over and over, for months, sometimes for years. This lesion is very common. The firm border, raised like a miniature wheel tire, the eroded center, its lack of response to ointments which would heal a non-cancerous lesion, are pathognomonic signs of a cancer of the skin. Excision or radiations or both is indicated in this case.

FIG. 4 shows a more advanced case of the same type of cancer as in figure 3. This case was successfully treated by insertion of radium needles.

FIG. 5 shows a basal cell epithelioma of the hand. The characteristic firm, rubber like border and the broken down center is evident as in figure 3. In this location a wide surgical excision is the method of choice.

FIG. 6 shows the hand of a 70 year old man. He nursed his fungating growth for a couple of years and asked for some good ointment to make it disappear. With great difficulty he was persuaded to have it, at least, widely excised. He said he couldn't afford to stay in the hospital, because he had to feed the family. He finally consented to have the lesion removed, and the axillae irradiated, but six months later he died of metastasis. This type usually appearing as a fungating, bleeding, granulating area is the much more dangerous squamous cell epithelioma, requiring wide excision, removal of the glands from the axilla, or even amputations of the limb, often with small chances of saving the patient's life.

FIG. 7 shows the squamous cell epithelioma as it is frequently seen at the junction of the skin with the mucous membranes of the lip. This type is a serious problem because of danger of metastasis. In early cases surgery, or radiation (surface, implants or needles) are sufficient. In advanced cases the lymph nodes of the neck must be dissected and removed and the neck radiated.

FIG. 8 shows an advanced hopeless case of carcinoma of the lip, such as it is at present very seldom encountered, and we hope, in the near future it will never be seen at all, if the proper public education of the cancer problem, will convince everybody of the need to seek proper advice in any form of skin growth, no matter how small and how apparently trivial.

Summary

Cancer of the skin usually is easily recognized from the very beginning. Diagnosed as early as possible and properly treated, complete recovery is the rule.

Proper treatment is accomplished by surgery, radium or x-rays, according to the type, extension and location.

It is essential that treatment is performed in the shortest time and radically. The treatment of recurrences has always less chances of success.



Fig. 1 A raspberry mole



Fig. 2 A senile keratose

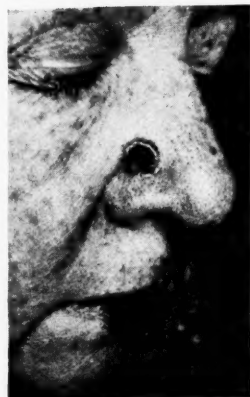


Fig. 3
A basal cell epithelioma



Fig. 4 A basal cell epithelioma



Fig. 7
A squamous-cell epithelioma



Fig. 5 A basal cell epithelioma



Fig. 6 A squamous cell epithelioma



Fig. 8 An advanced stage of
a squamous-cell epithelioma

From the Tumor Clinic of the Rhode Island Hospital.



THE RHODE ISLAND MEDICAL JOURNAL

Medical Library Building
106 Francis Street, Providence, R. I.

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Every man has found in physicians great liberality and dignity of sentiment, very prompt effusion of benevolence, and willingness to exert a lucrative art where there is no hope of lucre.

Dr. Samuel Johnson.

DR. MILLER RETIRES

After more than five years of service Dr. Albert H. Miller has relinquished to Dr. Peter Pineo Chase the editorship of the RHODE ISLAND MEDICAL JOURNAL. Under the assiduous guidance of Dr. Miller the JOURNAL has taken its place among the best in medical journalism. In his characteristically modest way Dr. Miller has fashioned the JOURNAL so that it is a credit to the profession of Rhode Island; and the profession is desirous that Dr. Miller should

know how sincerely it appreciates and how gratefully it acknowledges his loyal and efficient labors. By the sacrifice of much of his leisure time Dr. Miller has greatly enhanced both the pleasure and the knowledge of his colleagues who are not unmindful of the gifts he has bestowed upon them.

As, month by month, the JOURNAL comes to our desks, we are likely to receive it as a matter of course, and fail to realize how very important it is in our professional lives. Primarily, it serves as the medium for the publication of scientific papers, of the reports of the doings of the Rhode Island Medical Society and its constituent units, of news items of medical interest and of book-reviews and notices. Thus it becomes the voice of our profession and enshrines the record of our activities, not for ourselves only, but also for those who may come after us. Did it do no more than this, its value for us would be incalculable.

But the JOURNAL has another and, perhaps, no less important function. By reason of our exchange service it brings to us, without cost, the *Journals* of other State Societies as well as many worthwhile medical publications and books for review. When we enter the Rhode Island Medical Society Library, it is well to remember that a large number of the *Journals* and *Reviews* on the table and the books on the shelves came to us by way of the RHODE ISLAND MEDICAL JOURNAL. Were we required to purchase these *Journals* and books it would impose an unbearable burden upon the not too voluminous check-book of our Treasurer,—a burden so great that it is probable it would impoverish our Library. Therefore, if we would preserve the creative vitality and ensure the progress of medicine in Rhode Island, it is of the utmost importance that we shall continue to publish our JOURNAL in accord with the high standards which have been set by Dr. Miller.

WE STRUT A LITTLE

When the Men's Club of Temple Emanu-El recently presented Dr. Herman C. Pitts with its yearly award "to a citizen of Providence for outstanding achievement in the field of civic improvement, human betterment and advancement of

American ideals" the entire medical profession of the state felt not only a generous sentiment of pleasure that one they knew so well had received a merited and signal honor but many experienced a possessive sense of satisfaction.

It was one of themselves so chosen; one who conducted his professional life more efficiently, had a broader vision and more constructive energy and produced more good results than the greater number of his colleagues but nevertheless one who was brought up with their same heritage, shared their ideals and trod their same paths, more unerringly but with the same landmarks to guide him.

Not content with years of tremendous activity as a surgeon during which he came to treat large numbers of cancer patients Dr. Pitts then achieved recognition as a leader in the scientific literature of this disease. From this he became the moving force in the formation of cancer clinics in our state. With the aid of the Women's Field Army he instituted a campaign for the education of the profession and the lay public and he holds high position in the national cancer organization.

It may be naïve but it is nevertheless very pleasant for us to realize that in the four years that this award has been given, the medical men and their sisterhood the nurses have three times had the prize winners in their ranks.

Dr. Ruggles in the forefront of the modern movement for mental hygiene has displayed a "prompt effusion of benevolence"; Miss Winifred Fitzpatrick, with her district nurses, leading a tremendous movement to bring comfort and aid into the sick homes of the city, presents "an outstanding achievement in the field of civic improvement" and Dr. Pitts now is working for "human betterment," as many a well person can testify whose cancer would have conquered him had not Dr. Pitts and his co-workers warned him in time what to do.

It would be ridiculous to argue that the members of our profession are finer characters than those in other walks of life. We are all weak mortals. But our ideals and, as we believe, most especially our much criticized "ethics," urge and even force those who wish recognition in our fellowship to rise above the ordinary standards of the community. We think one is a better man for being a physician.

KENNETH D. BLACKFAN
SOMA WEISS
LAWRENCE J. HENDERSON

Few medical casualties have been reported so far. But they are bound to come. And severe inroads will soon be made among those working in our communities, hospitals and medical schools, as our younger and middle aged members are rushed into our armed forces. Hence it is particularly difficult now that death should come to those doing outstanding work at home.

Harvard within the space of three months has lost three remarkable members of our profession.

Kenneth D. Blackfan started as a country practitioner and worked through a series of great medical schools till he reached his final niche as Thomas Morgan Roche Professor of Pediatrics. Here he firmly established his reputation as a great pediatrician.

Soma Weiss, coming to this country from Hungary, in three years while teaching pharmacology at Cornell became an A.B. at Columbia and an M.D. at Cornell. After not many years at Boston his brilliancy forced him at the age of forty into the Hersey Professorship of the Theory and Practice of Physic succeeding Henry A. Christian who thirty years before had taken the chair at an even much younger age. His visits here had made local men well acquainted with his tremendous knowledge and abilities.

Lawrence J. Henderson, although an M.D., was possibly not so well known to many of us as he was not a practitioner but the Abbot and James Lawrence Professor of Chemistry. Some of us were rather mystified in our student days by his attempts to explain to us his theories of acid base balance and other phenomena of physiological chemistry but at least three of our contemporaries recognized his genius followed in his footsteps and rose rapidly to the heights of medical professorships.

The days ahead look dubious for all branches of education.

Let us hope however that medicine will still have charge of its own destiny and see to it that such men as this will rise to the top.

Secretary's Report**RHODE ISLAND MEDICAL SOCIETY**

This will be a brief report as it covers a period of only four months since the last meeting of the House of Delegates.

Your Secretary, with Dr. Miller, the Editor of the JOURNAL, was in Chicago on November 14th and 15th at the annual conference of Secretaries of State Societies. There were excellent addresses given; Dr. Lahey spoke about the Procurement and Assignment of Medical Services, Gen. Hershey told about new plans for the draft and Dr. Baehr described the civilian defense measures. All these matters are now current knowledge and need no repeating.

There was also a very lively discussion on the question of plans for prepayment of medical care. The State Societies of many states, including Connecticut and New York, are sponsoring such plans. Many men felt that there is an urgent need for such a service. I believe that a still greater number felt that there were enough such plans in operation for experimental purposes and that the wisest course would be to watch them for a while before starting more. This subject is a very intricate one and probably at some more opportune time another study of the situation should be made by our society.

The secretaries also had some good private talks about State Society problems.

During the last four months the President and Secretary have both had a chance to visit the Kent, Pawtucket, Providence and Washington District Societies.

During the last year there has been a considerable increase in membership. The Woonsocket and Washington district Societies have been particularly successful in getting their members to join the State Society.

Last May the membership was 496. At present it is 532, an increase in eight months of 36 members and we also have 12 applications which will be accepted within a week or two.

The Secretary is very anxious to do his part in making the State Society as useful as possible to the community and to its members and hopes that any member who has suggestions to make will feel that they will be gratefully received.

Respectfully submitted,

WILLIAM P. BUFFUM, M.D.,
Secretary

PATHOLOGISTS ORGANIZE

As another evidence of the steady advance that scientific medicine is making in our community we take pleasure in printing the following letter received by the JOURNAL.

Dear Dr. Chase

The Pathologists of Rhode Island have formed a society, and we thought that it might be of interest to our medical colleagues throughout the State to be informed of this fact through the RHODE ISLAND MEDICAL JOURNAL.

The group was organized at the State Hospital for Mental Diseases, Howard, R. I. on October 15, 1941. The adoption of the constitution and election of officers were held at the Charles V. Chapin Hospital on January 13, 1942.

The name of the society is "RHODE ISLAND SOCIETY OF PATHOLOGISTS." The officers are; Dr. B. Earl Clark, President and Dr. Louis Goodman, Secretary-Treasurer. The following are the charter members:

Dr. B. Earl Clarke, Rhode Island Hospital
Dr. James T. Fallon, State Laboratory and Charles V. Chapin Hospital
Dr. John Kenney, Pawtucket Memorial Hospital
Dr. C. E. Schradieck, Homeopathic Hospital
Dr. James Hamilton, St. Joseph's Hospital
Dr. Henry Tweddell, Woonsocket Hospital
Dr. Louis Goodman, Rhode Island State Hospital

Active membership is open to graduates of recognized medical schools, who have specialized in the practice of Pathology, or who occupy positions as Pathologists in hospitals, approved by the American Medical Association or the American College of Surgeons.

Associate membership is open to (a) graduates of recognized medical schools, who are interested in Pathology, (b) Residents and Internes in Pathology, (c) individuals engaged in the teaching or practice in the allied fields of Pathology. The latter need not be graduates of medical schools.

It is planned to have four meetings a year.

The objects of the society shall be; to provide periodic conferences for mutual assistance, to maintain and improve the services of the Pathologist to the physician and patient, and to stimulate productive work in the field of Pathology.

Very truly yours,

LOUIS GOODMAN, M.D.,
Secretary-Treasurer.

Congratulations to this new organization, the names of whose charter members will assure us all of its high standard.

COMING MEETINGS

The American Academy of Pediatrics, Region I, is holding a meeting at the Bellevue Stratford Hotel in Philadelphia, April 1, 2, 3.

The Second American Congress on Obstetrics and Gynecology will be held in St. Louis, April 6th to 10th.

The United States is engaged in a total war effort. There is certain to be a tremendous shift in medical and nursing services from civil to military duties. The Congress will therefore give attention to this problem and over two hundred experts have already agreed to take part in the general program. There will be innovations such as a series of "Obstetric Information Please" Round Tables; Manikin Demonstrations of Forceps and Breech in multiple and small groups; and Personal Consultation Service throughout the week by appointment. The medical, health, nursing, educational and administrative sections are all to have programs of special and timely interest and importance.

The American Association of Industrial Physicians and Surgeons and the American Industrial Hygiene Association will hold their joint Annual Convention in Cincinnati from April 13 to 17, 1942. A program is in preparation in which important medical and hygienic problems associated with the present huge task of American Industry will be presented and discussed in clinics, lectures, symposia and scientific exhibits.

The industrial physicians have taken responsibility for the program of the first two and a half days and the hygienists for the remainder of the five days.

Because of the War, the Thirty-second Annual Clinical Congress of the American College of Surgeons will be held in Chicago, October 19 to 23, instead of in Los Angeles as originally planned. Headquarters will be at the Stevens Hotel. The twenty-fifth annual Hospital Standardization Conference sponsored by the College will be held simultaneously. The programs of both meetings will be based chiefly on wartime activities as they affect surgeons and hospital personnel in military and civilian service.

PROCUREMENT AND ASSIGNMENT SERVICE
FOR PHYSICIANS

In the Medical Preparedness section of the Journal of the American Medical Association for Feb. 21, 1942 there is a comprehensive account of the Procurement and Assignment program. As this takes up fourteen pages it seems worth while to mention here some of the highlights.

This service functions through the Office of Defense Health and Welfare Service. There are nine Corps Area Committees and under these are State Committees of Physicians . . .

The State Committee for Rhode Island has the following personnel:

Dr. Halsey DeWolf, State Chairman.

Dr. Lucius C. Kingman.

Dr. Frederic V. Hussey.

Dr. William P. Buffum.

It is understood that the general purpose of this committee is to aid as completely and correctly as possible in the disposition of physicians for military service as well as for civilian needs.

Following are quotations from the Journal of the A. M. A. as they apply to the medical profession . . .

SPECIAL ENROLMENT FORM AND QUESTIONNAIRE
FOR PROCUREMENT AND ASSIGNMENT SERVICE

The Procurement and Assignment Service, co-operating with the National Roster of Scientific and Specialized Personnel, has prepared special questionnaires for circulation to every physician in the United States. This questionnaire will come directly to all physicians as soon as possible after the National Registration on Feb. 16, 1942. *Every physician, regardless of age, sex, physical condition, citizenship or employment, should fill out and return the enrolment form and the questionnaire.* Those physicians who have been commissioned in any United States service previous to the receipt of the enrolment form and questionnaire should so indicate under the heading "remarks" on the enrolment form.

The original questionnaire and enrolment forms previously circulated by the American Medical Association, are being utilized to meet requisitions from the armed services and other agencies, until the National Roster is complete and the Procurement and Assignment Service is working routinely. The additional information secured by the special questionnaire now to be described will bring up to

date the facts necessary to place each physician in the work for which he is best qualified.

In the new questionnaire, opportunity is also given to state in detail appointments held in various local, industrial, state or governmental agencies, in civil practice, and in education and research. Specialization is recognized by appropriate designations which coordinate with certification of specialists by the certifying boards and also with appointments on the staffs of hospitals and other indications of special practice.

The method of practice, whether individual, in partnership or in groups is indicated. Finally an opportunity is given to every physician to indicate his preference as to the type of service which he will be capable of rendering to the United States during the war.

The Enrolment Form.—On the enrolment form which comes with the questionnaire the physician voluntarily enrolls himself with the Procurement and Assignment Service. He indicates his first, second, third and fourth preferences of the military, governmental, industrial or civil categories that may require his assistance.

Announcement will be made repeatedly in medical publications of the time when the circulation of the enrolment form and the questionnaire begins. When you receive your enrolment form and questionnaire, PLEASE ACT PROMPTLY. Those who fail to receive an enrolment form and questionnaire are requested to write to the National Roster of Scientific and Specialized Personnel, 916 G Street N.W., Washington, D. C., within six weeks after announcement has been made that the circulation has begun.

PROCEDURE TO MEET PRESENT NEEDS

The present Army and Navy needs are for physicians under 36 years of age. Those under 36 desiring immediate commission may write now to the Procurement and Assignment Service, 601 Pennsylvania Avenue N.W., Washington, D. C. Their letters will be treated as applications and those who are qualified will receive proper application forms with view of commission in the Army or the Navy. All physicians over 36 should await the receipt of the enrolment forms.

THOSE UNDER 45

All male physicians under 45 are liable for military service. That their services may be utilized in a professional capacity as officers, they should be made available through the facilities of the Procurement and Assignment Service. Wherever possible, their present positions in civil life should be filled or provisions made for filling their positions, if necessary, by (a) those who are over 45, (b) those under 45 who are physically disqualified for military service, (c) women and (d) instructors and those engaged in research who do not possess M.D. degrees but whose utilization would make available physicians for military service.

THOSE OVER 45

All physicians over 45 should enroll with the Procurement and Assignment Service. Every possible effort will be made to retain those who are essential in their present capacities. Those who are available for assignment to military, governmental, industrial or civil agencies may be asked by the Procurement and Assignment Service to serve those agencies.

REPORTS OF STATE AND DISTRICT SOCIETIES

PROVIDENCE MEDICAL ASSOCIATION

Annual Meeting

The 95th Annual Meeting of the Providence Medical Association was held at the Medical Library on Monday, January 5, 1942.

Following the annual presidential address by Dr. Murray S. Danforth in which the work of the Association during the past year was reviewed and some indication of the future course of organized medicine in the community was outlined, a motion was called for to provide for the election of the President of the Association for the ensuing year.

The following officers were elected:

<i>President</i>	Henry E. Utter, M.D.
<i>Vice President</i>	Emery M. Porter, M.D.
<i>Secretary</i>	Frank B. Cutts, M.D.
<i>Treasurer</i>	William P. Davis, M.D.
<i>Executive Committee</i>	
(two new members for five-year term each)	
Murray S. Danforth, M.D., Albert H. Jackvony, M.D.	
<i>Trustee to R. I. Medical Library</i>	
(one-year term).....	
William S. Streker, M.D.	

*Delegates to House of Delegates of Rhode Island
Medical Society*

John A. Hayward, M.D.	Murray S. Danforth, M.D.
Harry C. Messinger, M.D.	Frank B. Cutts, M.D.
Ernest W. Bishop, M.D.	Ralph DiLeone, M.D.
Charles L. Southey, M.D.	Joseph B. Webber, M.D.
Henry F. McCusker, M.D.	Frank J. Honan, M.D.
James Hamilton, M.D.	Clarence E. Bird, M.D.
John G. Walsh, M.D.	Robert H. Whitmarsh, M.D.
Merle M. Potter, M.D.	Joseph L. Belliotti, M.D.
James H. Fagan, M.D.	George W. Waterman, M.D.
Kalei K. Gregory, M.D.	Samuel D. Clark, M.D.
Walter S. Jones, M.D.	Jerome J. McCaffrey, M.D.
David Freedman, M.D.	Frank W. Dimmitt, M.D.
Raymond F. Hacking, M.D.	Louis A. Sage, M.D.

The following is the list of chairmen and their respective committees, and other appointments, as announced:

Blood Transfusion Bureau—Dr. Jesse P. Eddy, 3rd.

Committee to Cooperate with State and City Civilian Defense Organizations—Peter P. Chase.

Contract Practice—Dr. Albert A. Barrows.

Credit and Collection—Dr. Emanuel Benjamin.

Entertainment—Dr. Nathan A. Bolotow.

Ethics—Dr. Russell R. Hunt is appointed to succeed Dr. James F. Boyd, and Dr. John G. Walsh is appointed to succeed Dr. James P. McAvoy, each to serve for a term of five years.

Group Hospitalization—Henry S. Joyce, M.D.

Advisory Committee to the Bureau for the Handicapped—Dr. Charles P. Fitzpatrick.

Legislation—Dr. William H. Foley.

Medical Milk Commission—Dr. Harold G. Calder is reappointed for a term of five years, Dr. George Waterman is appointed to succeed Dr. Reginald A. Allen for a term of five years, and Dr. Frank Jacobson is appointed to succeed Dr. Arthur R. Newsam for a term of one year.

Membership—Dr. Frank B. Littlefield.

Medical Advisory Committee on Nursing—Dr. William Hindle.

Pre-School Examinations—Dr. Robert M. Lord.

Public Information—Dr. Russell S. Bray.

Public Relations—Dr. Joseph L. Belliotti.

Reading Room Committee—Dr. Louis I. Kramer.

Advisory Committee to the R. I. State Home and School—Dr. Maurice Adelman.

Committee on Tuberculosis—Dr. U. E. Zambano.

Committee to Study Voluntary Health Insurance—Dr. Alex M. Burgess.

Committee on Social Welfare—Dr. Charles A. McDonald.

The Secretary reported for the Executive Committee as follows:

"The House Officers Case Report Contest Committee recommended the award of the prize for 1941 to Dr. Michael DiMaio for his essay on "Addison's Disease."

The Secretary reported that the Executive Committee had approved for election to active membership the following doctors:

Robert R. Chace
David J. Fish
Milton Korb
John A. Paterson
Ralph D. Richardson

The chair called upon Dr. William P. Buffum, Secretary of the State Medical Society, to relate briefly the plans for the joint meeting of the Providence Medical Association with the State Medical Society to be held on Monday, February 2, 1942.

The first scientific paper was presented by Dr. J. Murray Beardsley, who discussed the topic, "Treatment of Pulmonary Suppuration."

The second scientific presentation was made by Dr. Marshall N. Fulton, Associate in Medicine, Harvard Medical School, and Senior Associate in Medicine at the Peter Bent Brigham Hospital, whose topic was "Concerning Forms of Heart Disease Associated with Calcification in the Heart."

The meeting adjourned at 11 P. M. Attendance, 140.

Respectfully submitted,

FRANK B. CUTTS, M.D., *Secretary*

NEWPORT COUNTY MEDICAL SOCIETY

The annual meeting of the Newport County Medical Society was held on Tuesday, January 27, 1942, at the Newport Hospital. Dr. Samuel Adelson presided. Doctors Henry Brownell and Robert Bestoso were elected to membership.

A communication from the Y.M.C.A. relative to renewal of examinations of boys was read and Dr. Louis Abramson volunteered to do the examinations for the coming year.

The speakers of the evening were Doctors Calder, Bates, Baldrige and Feinberg, a pediatric group of Providence who took for their subject "Rheumatic Fever and Pyelitis in Children." The first speaker, Dr. Bates, spoke on the medical aspects of the pyelitis. He brought out the fact that three drugs have proved very useful in this disease: sulfanilamide, sulfathiazole and calcium mandelate. A Ketogenic diet in keeping the urine to a 5.5 ph. level is important.

Dr. Baldrige spoke on the surgical aspects of G. U. diseases and demonstrated with X-ray films several cases to show the value of cystoscopy in infants and children.

Dr. Calder opened the discussion on rheumatic fever and brought out the fact of its high mortality rate in children from the ages of five to fifteen. The disease is probably hem. strept. probably through the upper resp. route. The heart seems always to be involved from the beginning of the illness. It practically always enlarges.

Dr. Feinberg brought out the value of the E.K.G. in all these cases both as to prognosis, diagnosis and treatment. He also spoke at length on the necessity of prolonged bed rest and the various drugs used for treatment of the disease and its complications including salicylates and the exanthine drugs, also the value of a sanitarium for convalescence.

The program was well presented and a very informal discussion ensued both among the speakers and the audience throughout the talk.

The annual election of officers was held with the following men elected: President, Dr. Louis Burns; First Vice President, Dr. William Stoops; Second Vice President, Dr. Charles Dotterer; Secretary, Dr. Alfred M. Tartaglino; Treasurer, Dr. Norbert U. Zielinski; Delegates, Dr. Louis Burns and Dr. Charles Dotterer; Councillor, Dr. Charles Stewart; Censors, Dr. Douglas Jacoby and Dr. John Young.

House of Delegates

RHODE ISLAND MEDICAL SOCIETY

The regular meeting of the House of Delegates of the Rhode Island Medical Society was held in the Medical Library, 106 Francis Street, Thursday, January 15, 1942, at 4:40 P. M., Dr. Hussey, the President, presiding. Those present were Drs. Hussey, Mowry, Hammond, Kingman, DeWolf, Partridge, Donley, MacLeod, Burgess, M. Cutts, Fulton, Brackett, Buffum, Webber, Hacking, W. S.

Jones, Waterman, Merle Potter, Bird, Agnelli, Dimmitt, Abbate, DiLeone, S. D. Clark, Hamilton, Messinger, J. P. Eddy, Sage and Miller.

A communication was read from Dr. John P. Jones stating that he would not be a candidate for the Presidency. As he stated his reasons and as this decision was final, no action was taken.

A report of the Committee on Publications was given by Dr. Donley. He explained that Dr. Albert H. Miller had resigned as Editor of the RHODE ISLAND MEDICAL JOURNAL. He also reported that the Committee recommended the appropriation of \$1,000 for the salary of the combined Editor-Business Manager. It was moved, seconded and carried that this appropriation be made.

The following motion was made by Dr. Kingman: "Inasmuch as Dr. Albert H. Miller has been editor of the RHODE ISLAND MEDICAL JOURNAL for many years and since, as a result of his hard work on and devotion to the JOURNAL, it has taken a leading place among State Medical Journals, the House of Delegates votes to spread on the records its appreciation of Dr. Miller and its thanks to him for his endeavours." This motion was seconded and passed unanimously.

Reports from the following committees were read and accepted: Child Health Relations Committee, Dr. Utter, Chairman; Tuberculosis Committee, Dr. Ham, Chairman; Committee on Social Welfare, Dr. Buffum, Chairman; Committee on State Policies of Public Health, Dr. Brackett, Chairman.

For the Committee on Constitutional Revision, Dr. Hammond requested that the committee be allowed more time. This request was granted.

The appointment of the following committees was announced by the President:

Annual Meeting (for six months) (members of Standing Committee on Arrangements with added member for Exhibits and one for Clinics): Walter S. Jones, Providence, Chairman; Charles Bradley, East Providence (Exhibits); Edward F. Burke, Providence; Ralph L. DiLeone, Providence; Robert R. Baldrige, Providence (Clinics).

Constitutional Revision: Roland Hammond, Providence, Chairman; William P. Buffum, Providence; Herman A. Lawson, Providence.

Medical Defense and Grievance: William A. Mahoney, Providence, Chairman; Samuel Adelson, Newport; Norman S. Garrison, Woonsocket; John E. Ruisi, Westerly; Fenwick G. Taggart, East Greenwich; James L. Wheaton, Pawtucket; Robert H. Whitmarsh, Providence.

Nominations: John F. Kenney, Pawtucket, Chairman; Halsey DeWolf, Providence; William S. Streker, Providence; Louis E. Burns, Newport; John E. Ruisi, Westerly.

Public Health: Herman C. Pitts, Providence (Cancer), Chairman; Stanley Sprague, Pawtucket (Public Health Clinics) Henry E. Utter, Providence (Child Health); John G. Walsh, Providence (Maternal Mortality); Charles L. Farrell, Pawtucket (Industrial Health).

SUB-COMMITTEES

Industrial Health: Charles L. Farrell, Pawtucket, Chairman; James P. Deery, Providence; Francis J. King, Woonsocket; Royal C. Hudson, West Warwick; John W. Helfrich, Westerly; Thomas J. Dolan, Providence; Stanley Sprague, Pawtucket.

Cancer: Herman C. Pitts, Providence, Chairman; George W. Waterman, Providence, Secretary; B. Earl Clarke, Providence; Isaac Gerber, Providence; Joseph C. O'Connell, Providence; Peter P. Chase, Providence; Frank E. McEvoy, Providence; G. Raymond Fox, Pawtucket; Walter C. Rocheleau, Woonsocket; Samuel Adelson, Newport; Hartford P. Gongaware, Westerly; Harold W. Williams, Providence; Joseph Smith, Westover Field (Air Corps).

Public Health Clinics: Stanley Sprague, Pawtucket, Chairman; Charles Bradley, Providence; Edward V. Hefernan, Providence; Stanley Davies, West Warwick; Robert M. Lord, Providence.

Child Health Relations: Henry E. Utter, Providence, Chairman; Banice Feinberg, Providence; Francis V. Corrigan, Providence; Earl F. Kelly, Pawtucket; Dr. Lucy E. Bourn; Harold G. Calder, Providence.

Maternal Mortality: John G. Walsh, Providence, Chairman; Bertram H. Buxton, Providence; Ira H. Noyes, Providence; Andrew W. Mahoney, Providence; Milton Goldberger, Providence; John W. Helfrich, Westerly; Henri E. Gauthier, Woonsocket; James C. Callahan, Newport.

Publicity (for six months) same as Standing Committee on Education: Jesse P. Eddy, 3rd, Providence, Chairman; Charles L. Farrell, Pawtucket; John Langdon, Providence.

Resolutions (for six months) same as Standing Committee on Legislation: William H. Foley, Providence, Chairman; Francis H. Chafee, Providence; Earl F. Kelly, Pawtucket.

Social Welfare: Peter F. Harrington, Providence, Chairman; William P. Buffum, Providence; Alex M. Burgess, Providence; Hartford P. Gongaware, Westerly; Henri E. Gauthier, Woonsocket; Norman M. MacLeod, Newport; Earl J. Mara, Pawtucket; George L. Young, East Greenwich; Francis E. Hanley, Rumford.

Tuberculosis: John C. Ham, Providence, Chairman; Ubaldo E. Zambarano; Royal C. Hudson, West Warwick; George A. Keegan, Woonsocket; Daniel A. Smith, Newport; Philip Batchelder, Providence; Samuel D. Clark, Bristol; Kathleen M. Barr, Providence; Charles L. Southey, Auburn; Peter F. Harrington, Providence.

On Cooperation with the Department of Labor: Lucius C. Kingman, Providence, Chairman; Charles F. Gormly, Providence; John F. Kenney, Pawtucket; Henry McCusker, Providence; William P. Davis, Providence.

On Blood Banks: Alex M. Burgess, Sr., Providence, Chairman; B. Earl Clarke, Providence; James H. Fagan, Providence; Jesse P. Eddy, 3rd, Providence.

Committee to Study Protective Measures for Physicians in Service: Edward S. Brackett, Providence, Chairman;

Halsey DeWolf, Providence; Murray S. Danforth, Providence; James L. Wheaton, Pawtucket; Fenwick G. Taggart, East Greenwich; John E. Ruisi, Westerly; Samuel Adelson, Newport.

Anniversary Chairman: Halsey DeWolf, Providence.

Member-at-Large, Board of Trustees of the Building: Douglas P. A. Jacoby, Newport.

The following delegates to the annual meetings of other New England State Societies were appointed:

Maine: Henry B. Moor, Providence, Delegate; Carl D. Sawyer, Providence, Alternate.

Vermont: Marden G. Platt, East Providence, Delegate; Francis J. King, Woonsocket, Alternate.

Massachusetts: Joseph C. O'Connell, Providence, Delegate; Charles A. McDonald, Providence, Alternate.

New Hampshire: Arthur H. Ruggles, Providence, Delegate; Frank H. Mathews, Providence, Alternate.

Connecticut: Harold D. Kenyon, Westerly, Delegate; Malford W. Thewlis, Wakefield, Alternate.

Dr. S. D. Clark of Bristol spoke of the possibility of starting a Bristol District Society.

WILLIAM P. BUFFUM, M.D.,
Secretary

Joint Meeting of the RHODE ISLAND MEDICAL SOCIETY and the PROVIDENCE MEDICAL ASSOCIATION

A combined meeting of the Rhode Island Medical Society and the Providence Medical Association was held at the Medical Library, on Monday, Feb. 2, 1942, at 8:30 P. M.

The meeting was called to order by Dr. Henry E. Utter, President of the Providence Medical Association. The secretary of the Providence Medical Association reported for the Executive Committee as follows . . .

"That at the last meeting of the Executive Committee the question of the possibility of better co-operation between the committees of the State Medical Society and the Providence Medical Association when such committees are engaged in similar work, was raised, and it was moved that 'the committees of the State Medical Society and of the Providence Medical Association having like purposes should be encouraged to meet in joint sessions whenever they wish, and that each chairman shall report back on the work of the committee to his own Society.'

"That the executive secretary had reported that he had been approached by Dr. Frank Lahey, President of the American Medical Association, relative

to his accepting a position with the Procurement and Assignment Service for Physicians which has been set up in Washington by the Social Security Board in conjunction with the American Medical Association Committee on Medical Preparedness. Mr. Farrell reported further that Dr. Lahey had asked that he obtain permission from the Providence Medical Association to accept this assignment should the work become available. Subsequently Dr. Lahey informed Mr. Farrell that the post had been filled by a Washington representative, but there might be need for assistance in the near future on a part time basis. However, it was moved 'that if the services of the executive secretary are called by the Government or the Medical Preparedness Committee of the American Medical Association for service during the national emergency that he be authorized to accept such an assignment with a leave of absence from the Providence Medical Association.'

Dr. Cecil J. Metcalf was elected to membership in the Providence Medical Association.

Dr. Utter then turned the meeting over to Dr. Frederic V. Hussey, President of the Rhode Island Medical Society.

The secretary of the State Medical Society read a resolution made by the Council which commended Dr. Albert H. Miller for his services as editor of the RHODE ISLAND MEDICAL JOURNAL.

Dr. Hussey introduced Dr. Walter G. Phippen, Chairman, First Corps Area, Committee on Medical Preparedness of the American Medical Association, who spoke on "The Procurement and Assignment Service for Physicians."

Dr. Phippen outlined the history and development of this agency and discussed the procedures that would probably be followed in obtaining physicians for government service.

The subject "A Discussion of Certain Aspects of Therapy of Pancreatic Diseases" was presented by Dr. Allen O. Whipple, Professor of Surgery, College of Physicians and Surgeons, and Dr. Louis Bauman, Assistant Professor of Clinical Medicine, College of Physicians and Surgeons.

Dr. Bauman discussed the laboratory methods that were of value in the diagnosis of pancreatic disease. He reported on the results obtained in studying the pancreatic secretions of twenty-five patients. The presence and potency of starch, fat, and protein splitting enzymes were determined in

each case. In general the results of these studies gave accurate information as to the presence or absence of pancreatic disease when the results were checked by subsequent operations. He also pointed out that the determination of serum amylase was of value.

Dr. Whipple limited his discussion to primary tumors of the pancreas, and adjacent bile ducts. He pointed out that most of the islet cell tumors of the pancreas are benign. The diagnostic triad necessary for the diagnosis of hyper-insulinism was as follows:

1. Attacks the central nervous system disorder occurring in the fasting state.
2. A fasting blood sugar of 50 mg. or less.
3. The prompt and immediate relief of symptoms on the administration of glucose by vein.

Using these diagnostic criteria, tumors were found in 19 out of 22 cases operated upon. The paper was discussed by Dr. Baldrige.

The attendance was 279.

RECENT BOOKS

THE TOXEMIAS OF PREGNANCY. By William J. Dieckmann, M.D. pp. 521, with 50 text illustrations and three color plates. Cloth, \$7.50, The C. V. Mosby Company, St. Louis, 1941.

As F. L. Adair remarks in his well written foreword to this book, the toxemias of pregnancy have doubtless been known from the earliest days. In spite of the long period of study of the subject, advances are being made constantly in our knowledge and understanding of the condition.

The present monograph covers the entire field, with voluminous references to the literature so one is able to find and read fully the statements of many writers. In addition to this wealth of reference, the author has stated his own views upon all the moot points in the present day study of the toxemias. The ground is gone over in a most systematic manner.

The first section is devoted to the classification of the Toxemias, concerning which there has been so much written, during the past few years. Following the classification there is a comprehensive discussion of the pathology insofar as it is now known. Logically, there is next a section on the physiology and the physiological chemistry, describing all the physiochemical and physiological determinations, the blood pressure, the physiology of the Kidney, and two chapters concerning the role of the endocrine glands in relation to the toxemias. Another absorbing section treats of the Etiology, and this includes almost every theory which has been advanced throughout the years, with critical comment.

Later in the book, the author states "My concept of pre-eclampsia and eclampsia is of a disease entity due to

improper diet, faulty habits and an exaggeration of the normal physiologic changes of pregnancy."

Following these accounts of the theories concerning the toxemias are 1, Clinical aspects, and 2, Treatment, comprising eighty and sixty three pages, respectively. These chapters are very full, and very detailed. The book closes with an innovation—a section dealing with Maternal and Fetal Prognosis and Prenatal care.

Such is an outline of the book, and this review is intended to stimulate interest in it, for it will be invaluable as a reference book, and cannot but be of great help to any physician who has the care of patients suffering from the toxemias of pregnancy.

HERBERT G. PARTRIDGE, M.D.

SURGICAL PRACTICE OF THE LAHEY CLINIC, Boston, Massachusetts. By Frank H. Lahey, M.D., and Staff. pp. 897, with 376 illustrations. \$10.00. W. B. Saunders Company, Philadelphia, 1941.

Surgical practice of the Lahey Clinic as stated in the preface in this book represents a true cross section of the work at the Lahey Clinic. It is classified into the nine departments of the Clinic.

There are nine chapters on the treatment of thyroid disease. Three of these chapters are noteworthy. The chapter on the technic of subtotal thyroidectomy gives the technic used at the Clinic as the result of experience in 18,000 operations on the thyroid gland. This technic emphasizes adequate anatomic exposure and complete control of the vascular supply of the thyroid gland. The cutting of the prethyroid muscles gives excellent exposure. The early ligation of the superior thyroid vessels and cutting of the superior pole allows the gland to be mobilized rapidly. The operation is well illustrated.

One chapter describes the routine dissection and demonstration of the recurrent laryngeal nerve. It is important in order to avoid injury to that nerve. It was formerly the custom to leave excess thyroid tissue to avoid injury to the nerve. This often resulted in inadequate removal of the necessary amount of thyroid tissue.

The chapter on Intrathoracic Goitre is extremely valuable. By improved methods the mortality has decreased from 4.4% to 1.7%. The use of the flexible metal walled intratracheal catheter for anaesthesia, with helium mixed with oxygen and cyclopropane, assures the proper amount of oxygen and relaxation. The breaking down of the centre of the tumor allows large intrathoracic goitres to be safely delivered. Prolonged drainage of the mediastinum is essential.

The chapter on esophageal diverticula is a classic. The two-stage operation as described by Lahey is well illustrated and the technical difficulties pointed out. The complications in 118 operative cases are described.

In the chapter on radical mastectomy for carcinoma of the breast it is noted that the usual incision is vertical, encircling the breast. It is claimed that this gives good exposure of the axilla and provides a good skin flap for the axilla and less scarring. Many surgeons prefer a more oblique incision encircling the breast and extending towards the axilla.

There are several chapters on the treatment of peptic ulcer. The technic of subtotal gastrectomy for ulcer is described in detail. Removal of a large amount of stomach and an anterior anastomosis are advocated. With these two points all surgeons will not agree. Many surgeons prefer a removal of less stomach and a posterior anastomosis with a much shorter loop.

The chapter on regional ileitis is based on a study of 48 cases in the last seven years. This is a large number of cases for a small group of men to see and treat. In cases demanding resection the two-stage operation is emphasized.

There are 14 chapters on diseases of the colon, sigmoid and rectum.

In resection of the large bowel the two-stage Mikulicz operation is almost always used at the Lahey Clinic. This undoubtedly lowers the mortality and, in their hands, is a satisfactory procedure. However, many surgeons believe that the one-stage operation, in selected cases, is to be preferred.

The chapter on two-stage abdominal resection of the rectum (Lahey) describes this operation in detail. It increases operability and is a safer operation in bad risk cases. This operation has been adopted by many other surgeons. It was used in 60% of the cases. The one-stage Miles operation was used in 20% of the cases; abdominal resection one-stage in 5%. The older operation of loop colostomy and perineal resection was used in 15% of cases.

There is a chapter on transurethral prostatectomy and 12 chapters on the brain, spinal cord and nerves.

The surgical treatment of hypertension is briefly touched upon and the experience in 30 operative cases is described.

Finally, there are 10 chapters on anaesthesia. The chapter on cyclopropane and that on fractional spinal anaesthesia show some of the newer methods.

The chapter on postoperative pulmonary complications is valuable. The use of suction bronchoscopy has been of great value in the prevention and treatment of postoperative pulmonary conditions.

This book on surgical practice at the Lahey Clinic is refreshing. To those of us who have visited the Clinic it brings us up to date. To those who have not visited the Clinic or read the reprints, it is a help and safeguard in many operative procedures.

CHARLES O. COOKE, M.D.

NEUROANATOMY. By Fred A. Mettler, A.M., M.D., Ph.D. pp. 476 with 337 illustrations including 30 in color and four charts. Cloth, \$7.50. The C. V. Mosby Company, St. Louis, 1942.

While this book is planned to meet the needs of the medical student beginning study of neuroanatomy it is of at least equal value to the postgraduate student. It is thoroughly up to date and as interesting as a book on a presumably dry subject can well be made. In a text on anatomy illustrations are of prime importance. With a few exceptions the illustrations in this book are original, consisting of photographs, diagrams and drawings. Photographs and drawings are reproduced to scale which is indicated in each instance. The illustrations are uniformly excellent. Color is used wherever indicated.

The first nine chapters deal with the gross aspects of the neural system. The autonomic system is treated in a chapter with the cranial nerves. Part II deals with the microscopic anatomy of the neural system. Some recital of nerve function is essential to the work but no attempt has been made to give a full account of neurophysiology. A condensed bibliography occupies the last 54 pages of the book.

THE BLOOD BANK AND THE TECHNIQUE AND THERAPEUTICS OF TRANSFUSIONS. By Robert A. Kilduffe, A.B., A.M., M.D., F.A.S.C.P. and Michael DeBakey, B.S., M.D., M.S., F.A.C.S. pp. 558 with 214 illustrations and a color plate. Cloth, \$7.50, The C. V. Mosby Company, St. Louis, 1942.

The book opens with a chapter on the history of blood transfusion, documented with 183 references. The whole work is carried through with the same completeness until the entire bibliography contains more than 2800 references. The authors draw from their personal experience with 7000 transfusions. There are four chapters on the organization and conduct of a blood bank, covering refrigeration, the most expensive and most essential feature, the source of the blood and the precautions pertaining to its storage, the blood unit of Patton, the preparation of blood filters, the methods of blood banking, and, not least in importance, the records.

A blood bank is efficient in an institution of 350 to 400 beds, where the blood can be utilized within seven to ten days. The final chapter of the book deals with the complications of blood transfusion. The authors have succeeded in producing "a readily available compendious and expository source" on the subject of blood transfusion.

WOMAN'S PERSONAL HYGIENE, MODERN METHODS AND APPLIANCES. By Leona W. Chalmers. pp. 192 with 32 illustrations. Cloth, \$2.00. Pioneer Publications, Inc., New York, 1941.

This book is more than a treatise on female cleanliness although this desirable condition receives proper consideration. The book has chapters on the anatomy of woman's reproductive organs, on displacement of the pelvic organs, on the social diseases and on menstrual difficulties. The vaginal douche, its appliances, equipment and posture, fills two chapters. Advice to daughters, the truth about beauty, postpartum exercises, marriage and family are topics treated in the last pages of the book. In the Foreword, Winfield Scott Pugh, B.S., M.D., recommends the book to every member of the female sex.

I'M GONNA BE A FATHER. By Bob Dunn (with a little assistance from his wife). Cloth, \$1.00, David McKay Company, Philadelphia.

A gift book full of funny pictures for a prospective father.

SYNOPSIS OF ALLERGY. By Harry L. Alexander, A.B., M.D. pp. 246, with 22 text illustrations and 29 tables, Cloth, \$3.00, The C. V. Mosby Company, St. Louis, 1941.

The present day attitude toward allergy, from a clinical standpoint, is to regard it as human hypersensitivity in all its forms, of which there are several clinical expressions which can be arranged and classified. In Alexander's *Synopsis of Allergy* these are detailed and emphasis placed upon the more important. The most generally accepted viewpoints are given, and where there is disagreement, the author's interpretation is stated. Subjects fully discussed are:—Atopy, Bronchial Asthma, Hay Fever, and Allergic Dermatoses. An appendix describes Preparation of Atopens, Household Materials and the Possible Allergens they Contain, Foods and their Possible Allergens, Diagnostic Methods, and Recipes for Elimination Diets.

SYNOPSIS OF GENITOURINARY DISEASES. By Austin I. Dodson, M.D., F.A.C.S., Third edition, pp. 302, with 112 illustrations most of which are from original photographs and drawings. Cloth, \$3.50, The C. V. Mosby Company, St. Louis, 1941.

The popularity of this work is indicated by the demand for a third edition. In the section on Internal Medication several new drugs have been added and the matter rearranged. In the chapters on Nontuberculous Infections of the Urinary Tract and of the Urethra the application of sulfanilamide and the sulfanilamide derivatives to the treatment of genitourinary tract infections is discussed. The discussion of the etiology of urinary calculi has been rearranged and elaborated.

Dr. Dodson has an accomplishment which is too rarely encountered. He knows how to pass a sound and describes the procedure clearly. Instead of adopting the battering ram technique which many urologists exhibit, he stands to the left of the patient and allows the sound to pass gently along the anterior urethra. "All movements of introduction and withdrawal of instruments into the urethra should be deliberate and gentle. Rough manipulations cause shock, encourage sepsis, and often defeat the purpose of instrumentation."

THE COMPLETE WEIGHT REDUCER. By C. J. Gerling. pp. 246, Cloth, \$3.00, Harvest House, 70 Fifth Avenue, New York City, 1941.

As the title indicates this book provides a complete resumé of the methods of weight reduction. The factors of diet and exercise are given the greatest attention. The subject of quackeries and frauds in weight reduction is covered exhaustively and in an interesting manner. Alphabetical arrangement of the topics treated makes the book convenient for reference.